

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 42617  
10595

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST HOUIS</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MADISON</u>		8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>703 JACKSON</u>			
3. NAME OF DECEASED (Type or Print) <u>Genevia</u>		a. (First)		b. (Middle) <u>Moore</u>		c. (Last)	
5. SEX <u>3</u> <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 7, 1899</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		9. AGE (In years last birthday) <u>51</u>		11. BIRTHPLACE (State or foreign country) <u>DERMOTT, ARKANSAS</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>SAMUEL MOORE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SAMUEL MOORE - MADISON, ILL.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>			
ANTECEDENT CAUSES  Morbidity conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.)  DUE TO (b) <u>Hypertension</u>  DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>321X</u>			
22. I hereby certify that I attended the deceased from <u>12-7</u> , 19 <u>50</u> , to <u>12-9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-9</u> , 19 <u>50</u> , and that death occurred at <u>4:50 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clavin Thompson, M.D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>12-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Dec 12, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DERMOTT</u>		24d. LOCATION (City, town, or county) (State) <u>ARK.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 12 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Parater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. L. Marshall EAST ST. LOUIS, ILL.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0291

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

X

working under my personal supervision.

Student Embalmer No. ....

Signed

*Thomas M. Dupson*

Signed .....

Student Embalmer

Licensed Embalmer No. *4479*

P. O. Address

*St Louis, Mo*

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.